

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/913329

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2									
3	1								
4	1								
5		31							
6		13							
7		31							
8		13							
9		31							
10		3							
11		31							
12		13							
13		31							
14	1								
15		1							
16		1							
17	1								
18	1								
19		31							
20		13							
21		31							
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26		13							
27		31							
28		1							
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48									
49									
50									
TOTAL IND.	8								
TOTAL DEP.	30								
TOTAL CLAIMS	38								
51									
52									
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98									
99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY